



## GLASS ADVANCE DISPOSAL FEE PROGRAM ANNUAL REPORT FORM

Glass container importers who import five thousand (5,000) or more glass containers, but less than or equal to one hundred thousand (100,000) glass containers, shall report and pay the fee annually using this form.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Annual period covered by this report: July 1, 20\_\_\_\_ - June 30, 20\_\_\_\_ (Due by July 15th)

Amount Remitted: \_\_\_\_\_ containers @ 1.5 cents each = \$ \_\_\_\_\_

*Make checks payable to: Department of Health, State of Hawaii*

Certification is hereby made that the foregoing amounts are correct to the best of my knowledge. In accordance with Hawaii Revised Statutes Chapter 342, the Department of Health may inspect your records relating to the manufacture and importation of deposit beverage containers.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Title

*Mail completed report form and payment to:*

Hawaii Department of Health  
Office of Solid Waste Management  
919 Ala Moana Blvd., Rm. 212  
Honolulu, HI 96814

*If you have questions, please contact:*

Office of Solid Waste Management  
Phone: (808) 586-4226  
Fax: (808) 586-7509